PAGE 1 / 19

Image# 202001319184817263

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than	An Authorized	d Committe	ee		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typir r the lines.	ng, type	12FE4M	.5	
, NEW REPUBLICAN P	AC						
ADDRESS (number and street)	204 S MONROE	ST. SUITE 201-A					
▼ Check if different							
than previously reported. (ACC)	TALLAHASSEE				FL	32301	
2. FEC IDENTIFICATION NU	UMBER ▼	CITY A			STATE A	ZIP C	ODE ▲
C C00544544		3. IS THIS REPORT		NEW OR	AN (A)	MENDED)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5)		20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:		Apr 20 (M4)	H.	Jul 20 (M7)	Oct	20 (M10)	Year Only) Jan 31 (YE)
April 15 Quarterly Report (0	Q1) ————						
July 15 Quarterly Report (0	(c) 12-Day PRE-E	lection	Primary (12P	_	General		Runoff (12R)
October 15 Quarterly Report (0		for the:	Convention (12C)	Special ((12S)	
January 31 Year-End Report (Y		Election on	M M /	D D /	Y Y Y Y	in the State	
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST- Report	Election cross the cross t	General (300	G)	Runoff (3	30R)	Special (30S)
Termination Report (TER)		Election on	M = M /	D D /	Y Y Y Y Y	in the State	
5. Covering Period 07	7 01	2019	through	M M M	31	2019]
I certify that I have examined th			wledge and b	pelief it is tru	ue, correct and	d complete.	
Type or Print Name of Treasure	Collins, Gentry, ,	,					
Signature of Treasurer Colli	ins, Gentry, , ,		[Electronically	Filed]	Date 01	31 /	2020
NOTE: Submission of false, erron	eous, or incomplete	information may su	ubject the pers	son signing th	nis Report to the	he penalties of 5	2 U.S.C. § 30109
Office Use						FEC FOI Rev. 05/	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	or Type Committee Name		
NEV	V REPUBLICAN PAC		
Report	t Covering the Period: From:	07 01 2019 To: 12	31 / 2019
			OLUMN B ar Year-to-Date
6. (a)	Cash on Hand January 1, 2019		477807.54
(b)	Cash on Hand at Beginning of Reporting Period	254385.34	
(c)	Total Receipts (from Line 19)	150.00	422137.72
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	254535.34	899945.26
7. Tota	al Disbursements (from Line 31)	85217.90	730627.82
Rep	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	169317.44	169317.44
the	ots and Obligations Owed TO Committee (Itemize all on nedule C and/or Schedule D)	0.00	
the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	191752.42	
	This committee has qualified as a mult	cicandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

NEW REPUBLICAN PAC

Report Covering the Period: From:	01 2019 T	o: 12 31 2019
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total Tills I criou	Galeridai Tear to Bate
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	100.00	248650.00
· · · · · · · · · · · · · · · · · · ·		
(ii) Unitemized	50.00	500.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	150.00	249150.00
(h) Balliad Bada Canadillada	0.00	0.00
(b) Political Party Committees	0.00	4 4
(c) Other Political Committees (such as PACs)	0.00	10000.00
(d) Total Contributions (add Lines	4	4 4
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	150.00	259150.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
T T	0.00	0.00
B. All Loans Received	0.00	0.00
L Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	4 4	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	162987.72
Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
Г	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(o) Total Hallototo (add To(a) and To(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	150.00	422137.72
). Total Federal Receipts (subtract Line 18(c) from Line 19)▶	150.00	422137.72
(555,660, 2,110, 10(0) 11011 2,110 10)	4 4	122.07.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcinal Toul to Date
	Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	35217.90	680627.82
	Expenditures(c) Total Operating Expenditures	33217.30	000021.02
	(add 21(a)(i), (a)(ii), and (b))▶	35217.90	680627.82
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees	4 4	4 4
	and Other Political Committees	0.00	0.00
	Independent Expenditures (use Schedule E)	0.00	0.00
5.	Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4	
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	200	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	50000.00	50000.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	50000.00	50000.00
	(444 2.1100 20(4), (2), 4.14 (0))	30000.00	30000.00
9.	Other Disbursements (Including		
	Non-Federal Donations)	0.00	0.00
0.	Federal Election Activity (52 U.S.C. § 30101(20	0))	
	(a) Allocated Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
			4 4
	(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
	Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	4 4	7 7 7
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	85217.90	730627.82
2	Total Federal Disbursements	4 4	4 4
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	85217.90	730627.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

	1 20 1 3111 31 (1101: 00:2010)		1 490 0
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	150.00	259150.00
34.	Total Contribution Refunds (from Line 28(d))	50000.00	50000.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	- 49850.00	209150.00
	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	35217.90	680627.82
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	162987.72
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	35217.90	517640.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

F	FOR LINE NUMBER: (check only one)					PAGE	6	OF	19
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC			
Full Name of Individual (Last, First, Middle In HOULIHAN, SONNIE, , , Mailing Address 1513 WOODLAND ROAD	nitial) or Full Organiza	ation Name	Date of Receipt
	1		09 06 2019
City SALISBURY		ip Code 21801	Transaction ID : SA11AI.4269
FEC ID number of contributing federal political committee.	С	2.001	Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation RETIRED	n (for Individual)	Memo Item CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle In HOULIHAN, SONNIE, , , Mailing Address 1513 WOODLAND ROAD	nitial) or Full Organiza	ation Name	Date of Receipt 10 08 2019
City SALISBURY		ip Code 21801	Transaction ID : SA11Al.4270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) RETIRED	Occupation RETIRED	n (for Individual)	Memo Item CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In HOULIHAN, SONNIE, , ,	nitial) or Full Organiza	ation Name	Date of Receipt
Mailing Address 1513 WOODLAND ROAD City	State	ip Code	11 06 2019 Transaction ID : SA11AI.4271
SALISBURY		21801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) RETIRED	Occupation RETIRED	n (for Individual)	Memo Item CONTRIBUTION
Receipt For: Primary General Other (specify)	Aggregate Year-to	o-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)		>	75.00
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	7	OF	19
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

	the name and address of any political committee	
NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC		
Full Name of Individual (Last, First, Middle HOULIHAN, SONNIE, , , Mailing Address 1513 WOODLAND ROAD	Initial) or Full Organization Name	Date of Receipt
City SALISBURY FEC ID number of contributing federal political committee.	State Zip Code 21801	Transaction ID : SA11AI.4272 Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) RETIRED Aggregate Year-to-Date ▼ 300.00	Memo Item CONTRIBUTION
Full Name of Individual (Last, First, Middle Mailing Address City	Initial) or Full Organization Name State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code C Occupation (for Individual) Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional).		25.00
TOTAL This Period (last page this line numb	per only)	100.00

ľ

SCHEDULE B (FEC Form 3X)	llaa	woto och saluts(s)	FOR LINE NUMBER: PAGE 8 OF 19					
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the	(check only	·				
	Detailed S	Summary Page	28a	28b 28c 29 30b				
Any information copied from such Reports and State	ments mav r	not be sold or use						
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
NEW REPUBLICAN PAC								
Full Name (Last, First, Middle Initial)								
A. CROSBY OTTENHOFF GROUP				Date of Disbursement				
Mailing Address 611 PENNSYLVANIA AVE SE #2	67			08 29 2019				
City WASHINGTON	State DC	Zip Code 20003		FEC Identification Number				
Purpose of Disbursement COMPLIANCE CONSULTING / DELIVERY SERV	ICE			C Transaction ID : SB21B.4286				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
	ement For:	0000000	-	2078.97				
Senate President	Other (spec	☐ General cify) ▼		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial) B. GRASSROOTS TARGETING				Date of Disbursement				
Mailing Address 707 PRINCE ST				08 13 7 2019				
City	State	Zip Code		FEC Identification Number				
ALEXANDRIA Purpose of Disbursement	VA 22314							
POLITICAL STRATEGY CONSULTING				C Properties ID OPPORT 4004				
Candidate Name			Category/ Type	Transaction ID: SB21B.4284 Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:		21: -	25000.00				
Senate	Primary	General						
State: President District:	Other (spec	city)		Memo Item				
Full Name (Last, First, Middle Initial) C. HOLTZMAN VOGEL				Date of Disbursement				
				07 11 2019				
Mailing Address 45 NORTH HILL DRIVE STE 100				0/ 11 2019				
City	State	Zip Code		FEC Identification Number				
WARRENTON Purpose of Disbursement	VA	20186						
LEGAL CONSULTING Candidate Name			Catagoria	Transaction ID : SB21B.4279				
			Category/ Type	Amount of Each Disbursement this Period				
	ement For:			7500.00				
Senate President	Primary Other (spec	General		Memo Item				
State: District:	Other (spec	∑iiy) ▼						
SURTOTAL of Dichurcomente This Boss (antisans)				34578.97				
SUBTOTAL of Disbursements This Page (optional).			<u> </u>	7 7 7 7				
TOTAL This Period (last page this line number only	/)							

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 OF 1							
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	′ — ′ —	¬ oc					
		Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b				
Any information copied from such Reports and State	monte may	not be sold or us								
or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
$ \; angle$ NEW REPUBLICAN PAC										
Full Name (Last, First, Middle Initial)	Full Name (Last First Middle Initial)									
A. HOLTZMAN VOGEL				Date of D	isbursen	nent				
				M = M	/ D C					
Mailing Address 45 NORTH HILL DRIVE STE 100				07	17	2019				
City	State	Zip Code		FEC Iden	tification	Number				
WARRENTON	VA	20186			incation	Number				
Purpose of Disbursement LEGAL CONSULTING				C						
Candidate Name			Category/			D : SB21B.4280 Disbursement this Period				
			Type	, another o	- Luon L					
	ement For:	Comenal			7	450.00				
Senate President	Primary Other (spe	General		п						
State: District:	(-	- 3/		Memo	Item					
Full Name (Last, First, Middle Initial)										
B. HOLTZMAN VOGEL				Date of D	isbursen					
Mailing Address 45 NORTH HILL DRIVE				07	30					
STE 100										
City	State	VA 20186 Category/			FEC Identification Number					
WARRENTON Purpose of Disbursement	VA									
LEGAL CONSULTING					Transaction ID : SB21B.4281 Amount of Each Disbursement this Period					
Candidate Name										
Office Sought: House Disburse	ement For:		Туре	181.25						
Senate	Primary	General		10120						
President	Other (spe	ecify)		Memo Item						
State: District:										
Full Name (Last, First, Middle Initial) C.				Date of D	isbursen	nent				
				M M	/ D D) / Y Y Y Y Y				
Mailing Address										
City	State	Zip Code		FF0	.:e: · ·	Niverban				
				FEC Iden	utication	Number				
Purpose of Disbursement				C						
Candidate Name			Amount	f Foob F	Disbursement this Period					
			Category/ Type	Amount o	I Each L	dispursement this Period				
	ement For:									
Senate President	Primary Other (spe	General								
State: District:	J Carlot (spe	~y) ▼		Memo	Item					
SUBTOTAL of Disbursements This Page (optional).			·····		7	631.25				
TOTAL This Period (last page this line number only	۸)					35210.22				
TOTAL This Period (last page this line number only	,,									

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF							
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	y one)	727					
	Detailed	Summary Page	X 28a	28b	23 28c	26 27 29 30b				
Any information copied from such Reports and State	ments mav	not be sold or use		on for the pu	ontribution	 1S				
or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
NEW REPUBLICAN PAC										
Full Name (Last, First, Middle Initial)										
A. FLORIDA POWER & LIGHT COM	IPANY			Date of D	isbursemer	nt				
Mailing Address 700 HNIVEDCE DOLLIEVADD				07	30		019	1		
Mailing Address 700 UNIVERSE BOULEVARD				O/	30		013			
City	State	Zip Code		FEC Ident	tification Nu	umber				
JUNO BEACH Purpose of Disbursement	FL	33408					-			
REFUND CONTRIBUTION				C						
Candidate Name			Category/		action ID : f Each Dist			iod		
			Type	Amount o	Lacii Disi	Juisemen	t tills Fei	lou		
Office Sought: House Disburse	ment For:			l L	-	2	5000.00			
Senate	Primary	General			,	,				
State: District:	Other (spe	ecity) \blacktriangledown		Memo	Item					
Full Name (Last, First, Middle Initial)										
B. SEMINOLE TRIBE OF FLORIDA				Date of D	isbursemer	nt				
				M M / D D / Y Y Y Y						
Mailing Address 6300 STIRLING ROAD				07	30	2	2019	1		
City	State	Zip Code		FEC Ident	ification Nu	umber				
HOLLYWOOD Purpose of Disbursement	FL	FL 33024 Category/ Type			Transaction ID : SB28A.4282 Amount of Each Disbursement this Period					
REFUND CONTRIBUTION										
Candidate Name										
Office Country										
Office Sought: House Disburse Senate	ment For:	General		25000.00						
President	,	Primary General Other (specify)								
State: District:				Memo Item						
Full Name (Last, First, Middle Initial)										
C.				Date of D	isbursemer					
Mailing Address				M = M	/ D D	/ Y Y	Y	1		
City	State	Zip Code		FEC Ident	ification Nu	ımber				
Purpose of Disbursement										
				C						
Candidate Name			Category/	Amount of	f Each Dist	oursemen	t this Per	iod		
			Type							
Office Sought: House Disburse Senate	ment For:	Conoral			7	7	1 /85			
President	Other (spe	General								
State: District:	J (opt	Other (specify) ▼			Memo Item					
								$\overline{}$		
SUBTOTAL of Disbursements This Page (optional).			·····•		7	-	50000.00			
TOTAL This Period (last page this line number only	A						50000.00	П		

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4251 **NEW REPUBLICAN PAC** Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) CASTELLANOS, ALEJANDRO, , , Memo Item Primary General Mailing Address 399 NORTH QUAKER LANE Other (specify) ▼ City State ZIP Code **ALEXANDRIA** 22304 VA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 20000.00 0.00 TERMS Date Incurred Date Due Interest Rate Secured: 03 02 2015 12/31/2015 0.00 X No **%** (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 TOTALS This Period (last page in this line only)..... 20000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12
FOR LINE NUMBER: (check only one)

9 10

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OF

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRINTING BOOKLETS NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4222 Outstanding Balance Beginning This Period 18012.93 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 18012.93 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4223 3769.58 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3769.58 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4224 2248.68 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2248.68 0.00 24031.19 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 13
FOR LINE NUMBER: (check only one)

	9
X	10

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OF

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **BOOKLET PRINTING** NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4225 Outstanding Balance Beginning This Period 2117.29 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2117.29 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRINTING - ADVERTISING/MARKETING NEW REPUBLICAN, LLC BOOKLET Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4226 904.12 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 904.12 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4227 2640.03 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2640.03 0.00 5661.44 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

9 **X** 10

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NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MARKETING BOOKS NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4228 Outstanding Balance Beginning This Period 1352.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1352.72 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4229 2377.72 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2377.72 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING - JANUARY NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4230 20833.34 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 20833.34 0.00 24563.78 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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15 OF

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING NEW REPUBLICAN, LLC **FEBRUARY** Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4231 Outstanding Balance Beginning This Period 20833.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 20833.34 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4232 1667.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1667.73 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING MARCH NEW REPUBLICAN, LLC 2016 Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4233 20833.34 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 20833.34 0.00 43334.41 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 16
FOR LINE NUMBER: (check only one)

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OF

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NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4234 Outstanding Balance Beginning This Period 610.66 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 610.66 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADMINISTRATIVE CONSULTING APRIL NEW REPUBLICAN, LLC 2016 Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4235 20833.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 20833.34 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4236 602.16 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 602.16 22046.16 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)...... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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17 OF

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADMINISTRATIVE CONSULTING - MAY 2016** NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4237 Outstanding Balance Beginning This Period 20833.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 20833.34 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4238 341.96 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 341.96 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SHIPPING EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4239 123.76 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 123.76 21299.06

1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only)......

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 18
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NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL EXPENSES NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4240 Outstanding Balance Beginning This Period 2198.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2198.24 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): STRATEGIC CONSULTING NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4241 20833.34 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 20833.34 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SHIPPING AND NEW REPUBLICAN NEW REPUBLICAN, LLC **MERCHANDISE** Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4242 4420.95 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 4420.95 0.00 27452.53 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 19
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19 OF

NAME OF COMMITTEE (In Full) NEW REPUBLICAN PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SHIPPING/MARKETING NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: SD10.4243 Outstanding Balance Beginning This Period 775.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 775.15 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SHIPPING EXPENSE NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 Outstanding Balance Beginning This Period Transaction ID: SD10.4244 155.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 155.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING** NEW REPUBLICAN, LLC Mailing Address 815 SLATERS LANE City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4245 2433.70 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2433.70 0.00 3363.85 1) SUBTOTALS This Period This Page (optional)..... 171752.42 2) TOTALS This Period (last page this line number only)..... 20000.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 191752.42 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶